

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| In re application of: Clark et al. | Group No: 3771 |
| Application No: 09/414,384 Confirmation No. 3236 | Examiner: Dixon, Annette Fredricka |
| Filed: October 7, 1999 | Attorney Docket No: 53235-US-CNT (0037.00) |
| Title: FLOW RESISTANCE MODULATED AEROSOLIZED ACTIVE AGENT DELIVERY | February 18, 2009 San Francisco, CA 94107 |

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| Mail Stop Appeal Briefs-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 | | |
| Via EFS <input type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return | Extension (Months) | Extension Fee | |
| | | Large Entity | Small Entity |
| | <input type="checkbox"/> One Month | \$130.00 | \$65.00 |
| | <input type="checkbox"/> Two Months | \$490.00 | \$245.00 |
| | <input type="checkbox"/> Three Months | \$1,110.00 | \$555.00 |
| | Total \$ 0.00 | | |
| | <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. | | |

| Fees for Extra Claims | | | | | | |
|---|----------------------------------|------------------------------------|--------------|--------------|--------------|----------------|
| | Claims remaining after amendment | Highest number previously paid for | Number Extra | Rate | | Additional Fee |
| | | | | Large Entity | Small Entity | |
| Total Claims | 16 | 36 | 0 | \$52.00 | \$26.00 | \$0.00 |
| Independent Claims | 3 | 3 | 0 | \$220.00 | \$110.00 | \$0.00 |
| Multiple Dependent Claims | | | 0 | \$390.00 | \$195.00 | \$0.00 |
| Supplemental Information Disclosure Statement | | | | | | |
| Total | | | | | | \$0.00 |

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|---|-----------------|---|----------|-----------------------|--------|--------------|-----------------|---|--|
| Fee Payment <table border="1"> <tr> <td>Fee Under § 1.17(p)</td> <td>\$180.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td>\$0.00</td> </tr> <tr> <td>Total</td> <td>\$180.00</td> </tr> </table> | | Fee Under § 1.17(p) | \$180.00 | Fees for Extra Claims | \$0.00 | Total | \$180.00 | Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . | |
| Fee Under § 1.17(p) | \$180.00 | | | | | | | | |
| Fees for Extra Claims | \$0.00 | | | | | | | | |
| Total | \$180.00 | | | | | | | | |
| <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$180.00 . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically filed, on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>February 18, 2009</u> Melanie Hitchcock | | Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Guy V. Tucker Janah & Associates, PC 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, By: <u>Guy V. Tucker</u> Date: <u>February 18, 2009</u> Guy V. Tucker Registration No. 45,302 | | | | | | | |